

12 CV 03147

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKBrandy Randolph

(In the space above enter the full name(s) of the plaintiff(s).)

COMPLAINT

-against-

Hon. SUSAN KNAPP - FAMILY COURTACS ADMINISTRATION FOR CHILDREN'S SERVICES - NYJury Trial: Yes No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)



I. Parties in this complaint:

A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Brandy Randolph
 Street Address 3530 DEKAUS AVE # 6E
 County, City Bronx, NY 10467
 State & Zip Code NEW YORK 10467
 Telephone Number 646 504 8478

B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name SUSAN KNIPPS
 Street Address 100 LAFAYETTE PT, 4
 County, City MANHATTAN NEW YORK
 State & Zip Code NEW YORK 100
 Telephone Number (212) 550-6088

Defendant No. 2 Name ACS - NY ADMINISTRATION FOR CHILDREN'S SERVICES
 Street Address 150 WILLIAMS STREET
 County, City MANHATTAN NEW YORK
 State & Zip Code NEW YORK 10038
 Telephone Number _____

Defendant No. 3 Name _____
 Street Address _____
 County, City _____
 State & Zip Code _____
 Telephone Number _____

Defendant No. 4 Name _____
 Street Address _____
 County, City _____
 State & Zip Code _____
 Telephone Number _____

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (check all that apply)

Federal Questions Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? COLD DEPRIVATION OF RIGHTS, KIDNAPPING,
TRESPASSING ON MY RIGHTS, DENIAL OF
FREEDOM TO EXERCISE CONSTITUTIONAL RIGHTS.

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship _____

Defendant(s) state(s) of citizenship _____

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? 60 LAFAYETTE ST
NEW YORK, NY PART 4 FAMILY COURT

B. What date and approximate time did the events giving rise to your claim(s) occur? APRIL 19, 2012

C. Facts: JUDGE KNIPPS REFUSED MY RIGHT TO WRIT OF HABEAS CORPUS DUE TO PRESENTATING MY CASE PRO SE /SUI JURIS. KNIPPS WAS GIVEN SUPPORTING FACTS WITH EVIDENCE AND CONTINUES TO ALLOW ACS-MY TO TRESPASS AND KIDNAP MY CHILDREN, MIA AND ULLY BETANCOURT. KNIPPS ACTED BIAS AND DISCRIMINATING TOWARDS ME BY DRAWING A NEGATIVE INFERENCE BECAUSE OF MY REFUSAL OF VERBAL TESTIMONY. THREATENED ME TO "COMPLY" AND SURRENDER CONSTITUTIONAL RIGHTS AND ALSO THREATENED TO TERMINATE PARENTAL RIGHTS IF I WOULD NOT COMPLY. NO COURT ORDER IS IN EFFECT FOR SERVICES. NO FAMILY OR CRIMINAL COURT ORDER OF PROTECTION EXISTS. I AM NOT AN OFFENDER, NOR AM I VIOLENT. I AM NO RISK TO MY CHILDREN. KNIPPS DENIES MY RIGHT TO BE A PARENT AND CONTINUES TO "ADJOURN".

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. EMOTIONAL DAMAGE! INSOMNIA FROM STRESS, ON GOING THERAPY TO COPE WITH EMOTIONS, POOR DIET FROM STRESS OF BEING SEPARATED FROM CHILDREN!

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

I AM SEEKING TO PERSUE CHARGES AGAINST JUDGE SUSAN KNIPPS OF FAMILY COURT AND EP ACS - NY STATE FOR VIOLATION AND REFUSAL OF CONSTITUTIONAL INHERITANCE RIGHTS THEY ARE IN CONTEMPT OF COURT AND VIOLATION OF FEDERAL LAW. THEY HAVE CAUSED GREAT FINANCIAL HARDSHIP AND UNNECESSARY PHYSICAL / MENTAL STRAIN. I SEEK MONETARY COMPENSATION FOR MY PHYSICAL / MENTAL DAMAGES CAUSED, AND FOR THE LOSS OF MY CHILDREN. I'M ALSO SEEKING COMPENSATION FOR PAIN AND SUFFERING.

~~\$48,000,000,000 USD
FORTY EIGHT BILLION DOLLARS (US AMERICAN DOLLARS)~~

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 19 day of April, 2012

Signature of Plaintiff

Mailing Address

Daniel Blasberg
3530 DEARAB AV #2E
Bronx, NY 10467

Telephone Number

(646) 504 8478

Fax Number (if you have one)

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this _____ day of _____, 20_____, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: _____

Inmate Number: _____